

**REQUEST FOR CASH AID ELECTRONIC BENEFIT TRANSFER -  
EBT EXEMPTION**

DATE
CLIENT NAME
CASE NUMBER

The County will look at the facts I give to decide how my cash aid will be given to me.

I do not want to get cash aid by EBT because:

☐ I have a Temporary Condition that prevents me from using EBT. \*

☐ I have a Permanent Condition that prevents me from using EBT. \*

\*You need to get written verification from your medical provider unless you have a condition that is readily apparent or has been previously documented within sixty (60) days from this request that says what the condition is that prevents you from using EBT and the expected duration of the condition.

☐ Other (*Explain*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verification provided? ☐ Yes ☐ No ☐ Not needed

Exemption granted? ☐ Yes ☐ No, continue EBT

If Yes, alternate method to be used:

☐ Direct Deposit ☐ Warrant

CLIENT SIGNATURE	PHONE
DATE CLIENT NOTIFIED	WORKER'S INITIALS
WORKER'S NAME:	WORKER'S NUMBER